



# MOBILIZATION MANIFEST

Complete One Sheet Per MOBE Request Number

**\*\*Fax To (253) 512-7234 Prior To Leaving For Event\*\***

Resource #

Event Name:

Unit #	Estimated Time of Departure:				Estimated Time of Arrival:				Date:			
Fire Jurisdiction:				FDID #	Federal Tax ID #			Phone ( )		Cell ( )		
Vehicle License #	Type 1 Engine	Type 5 Engine	Type 1 Tender	ALS Unit	Command Vehicle	AWD: Yes / No	Pump Rate in GPM:					
	Type 2 Engine	Type 6 Engine	Type 2 Tender	BLS Unit	Heavy Machinery							
	Type 3 Engine	Type 7 Engine	Type 3 Tender	Command Post	Other	Foam: Yes / No	Tank Size in Gallons:					
	Type 4 Engine	Interface Eng.	Ladder Truck	Personal Vehicle								
Name		Social Security Number		Home Address			Career Volunteer	Hrly Rate \$	Position	Message Phone		
Name		Social Security Number		Home Address			Career Volunteer	Hrly Rate \$	Position	Message Phone		
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Name		Social Security Number		Home Address			Career Volunteer	Hrly Rate \$	Position	Message Phone		

**Position:** Indicate if (STL) Strike Team Leader/Task Force Leader; (DRVR) Driver; (ENGB) Engine Boss/Single Resource Boss; (FF) Firefighter; or ICS Position by mnemonic.

## CREW CHANGE-OUT

### Requires I/C Approval Prior to Change

Date/Time of change out:				Approval Date:		I/C:	
Name	Social Security Number	Home Address		Career Volunteer	Hrly Rate \$	Position	Message Phone
Name	Social Security Number	Home Address		Career Volunteer	Hrly Rate \$	Position	Message Phone
Name	Social Security Number	Home Address		Career Volunteer	Hrly Rate \$	Position	Message Phone
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Return To:  
WSP Emergency Mobilization Section  
POB 42600  
Olympia, WA 98504

**FAX Copy Prior To Leaving For Event**  
**Top Copy: To Incident**  
**Second Copy: To Strike Team Leader**  
**Third Copy: To Jurisdiction**

**MOBE 5-2** Effective 5/02  
Do Not Use Previous Versions